

KANSAS REPORTABLE DISEASE PORTAL RESULT TEMPLATE INSTRUCTIONS

The template is to be used for **COVID-19 results only**. Please be careful with entering the data – remember, what is entered here will be the in the COVID-19 case in the KDHE EpiTrax Surveillance System. Be consistent in the way you enter your data. Click on the Header cell to view short pop-up instructions.

There is a 200-row maximum (including header) for this spreadsheet. You will receive an error message if there are more than 200 rows in your CSV file.

The template is saved in Excel (.xlsx format). **DO NOT SAVE THE EXCEL FILE**. When you have finished entering all your data, always **SAVE AS CSV (Comma Delimited) file**. You will receive a warning that the file cannot have more than 1 spreadsheet. Click on OK, that warning is expected. The CSV file may contain rows where only commas appear. That is not an error, we handle that data in our processing. After uploading your CSV file, start with a fresh template. There are dropdowns and validation in the template you will lose if you delete rows. You may download a fresh template from the Kansas Reportable Disease Portal (Portal). These instructions are also available from the Portal.

Thank you.

KDHE Surveillance System Team

Section 1 – Patient Information

A	B	C	D	E	F	G	H	I	J	K	L
Facility	Patient_Last_Name	Patient_First_Name	Patient_DOB	Patient_Gender	Patient_Address_1	Patient_Address_2	Patient_City	Patient_State	Patient_Zip	Patient_Area_Code	Patient_Phone

Details:

Facility - Enter your facility name the same as it appears in the Portal. This should be a static value for all your reports.

Patient_Last_Name **Patient_First_Name** - Enter the patient last name and first name. Enter middle names or initials in the first name field. **Do not put commas between the names or before a suffix (i.e. Jr).**

Patient_DOB - Patient Date of Birth should be entered as **MM/DD/YYYY**. (i.e. 9/3/2010, 12/12/1982) If the Birthdate is unknown enter 1/1/1922.

Patient_Gender - Enter **F** for Female, **M** for Male or **U** for Unknown

Patient_Address_1 **Patient_Address_2** - Enter the Patient Street Address in Address_1. Any extensions (Suite 100, #345) can go into Address_2.

Patient_City **Patient_State** **Patient_Zip** - Enter Patient City, Patient State (as **KS**) and Zip.

Patient_Area_Code **Patient_Phone** - Patient Area Code and Patient Phone are entered separately. **Do not put the dash (-) in the phone number.** (i.e 7777777)

Section 2 – Ordering Information

Ordering_Facility	Ordering_Facility_Address_1	Ordering_Facility_Address_2	Ordering_Facility_City	Ordering_Facility_State	Ordering_Facility_Zip	Ordering_Facility_Area_Code	Ordering_Facility_Phone	Ordering_Provider_LName	Ordering_Provider_FName
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Details:

- Enter the facility name that ordered the test. For POC, this will be your facility name (as in column A).

- Enter the facility address. POC, this will be your facility address.

- Enter State and Zip for the facility that ordered the test.

- Ordering Facility Area Code and Ordering Facility Phone are entered separately. **Do not put the dash (-) in the phone number.** (i.e 7777777)

- Enter the Provider (Clinician) who ordered the test. For POC facilities, enter the facility doctor, attending doctor, etc.

Section 3 – Test and Result Information

Accession_Number	Specimen_Collection_Date	Specimen_Source	Test_Date	Test_Performed	Result
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Details:

Accession_Number : - If you have an accession number, enter it here. This is not a required field.

Specimen_Collection_Date : - Enter the date as MM/DD/YYYY. (i.e. 9/3/2010, 12/12/2020)

Specimen_Source : - The approved Specimen Sources for COVID-19 are: **NP** for Nasopharyngeal, **NM** for Nasal Mid-turbinate, **OP** for Oropharyngeal Swab, **PNPOP** for Pooled NP/OP, **AL** for Bronchoalveolar Lavage, **AN** for Nasal Anterior Nares, **NA** for Nasopharyngeal Aspirate, **SP** for Sputum, **SE** for Serum, **SA** for Saliva, **AE** for Lower Respiratory Sample (e.g. Lung Aspirate) and **OT** for Other.
ONLY enter the code (highlighted).

Test_Date : - Enter the date as **MM/DD/YYYY**. (i.e. 9/3/2010, 12/12/2020). POC facilities, the Specimen Collection Date and Test Date will likely be the same.

Test_Performed : - Enter the test performed from the table below based on the instrument being used. If unknown, enter **SARS-CoV-2 result**.

The highlighted values are the mostly likely for POC testing.

Manufacturer - FOR REFERENCE ONLY	Test Performed Values
Abbott Alinity m SARS-CoV-2 assay	SARS-CoV-2 result
Abbott BinaxNOW COVID-19 Ag Card*	SARS-CoV-2 COVID-19 Ag
Abbott ARCHITECT™ SARS-CoV-2 IgG	SARS coronavirus 2 IgG Ab
BinaxNOW COVID-19 Ag Card	SARS-CoV-2 COVID-19 Ag (Presence) in Respiratory specimen
Abbott ID NOW™ COVID-19	SARS-CoV-2 RdRp gene result
Abbott RealTime SARS-CoV-2 assay for m2000 instrument	SARS-CoV-2 result
BD Veritor System for Rapid Detection of SARS-CoV-2*	SARS-CoV-2 COVID-19 Ag
BioFire® COVID-19 Test	SARS-CoV-2 COVID19 RNA
bioMerieux ARGENE®	SARS-CoV-2 result
bioMerieux VIDAS® SARS-COV-2 IgG	SARS coronavirus 2 IgG Ab
bioMerieux VIDAS® SARS-COV-2 IgM	SARS coronavirus 2 IgM Ab
Bio-Rad Laboratories Platelia SARS-CoV-2 Total Antibody (IgA, IgM, IgG) Assay	SARS-CoV-2 Total Ab qualitative
Cepheid Xpert® Xpress SARS-CoV-2	SARS-CoV-2 result

DiaSorin LIAISON® SARS-CoV-2 S1/S2 IgG	SARS coronavirus 2 IgG Ab
DiaSorin Molecular Simplexa™ COVID-19 Direct	SARS-CoV-2 result
GenMark Dx ePlex® SARS-CoV-2 Test	Respiratory virus DNA+RNA [Identifier]
Luminex NxTAG CoV	SARS coronavirus 2 RNA panel
Luminex xMAP SARS-CoV-2 Multi-Antigen IgG Assay	SARS coronavirus 2 IgG Ab
Quidel Sofia 2 SARS Antigen FIA	SARS coronavirus+SARS coronavirus 2 Ag
Roche cobas® SARS-CoV-2	SARS-CoV-2 result
Roche Elecsys Anti-SARS-CoV-2	SARS coronavirus 2 Ab
Thermo Fisher Scientific TaqPath™ COVID-19 Combo Kit	SARS-CoV-2 result
Yale LDT: SalivaDirect*	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid)

Result

- Enter one of the following results: **Positive** **Negative** **Inconclusive** **Positive Pooled** **Negative Pooled**

Section 4 – Additional Data

Race	Ethnicity	Performing Lab
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Details:

Race - Enter the Patient Race by the highlighted code in these options: **A** for Asian, **B** for Black, **I** for American Indian or Alaskan Native, **O** for Other, **U** for Unknown and **W** for White.

Ethnicity - Enter the Patient Ethnicity by the highlighted code in these options: **H** for Hispanic or Latino, **N** for Not Hispanic or Latino, **U** for Unknown.

Performing Lab - Enter the name of the lab who completed the test on this specimen. For POC facilities, enter your facility name. **BE VERY CONSISTENT IN THE WAY YOU ENTER THE PERFORMING LAB.**

HHS **Ask on Order Entry questions are not required** at this time; however, we are prepared for the answers. Long Term Care facilities are excluded as requested in the HHS guidance for these questions.

Please **DO NOT** remove these columns from your spreadsheet – send the spreadsheet with these fields blank if you are not entering the answers.

AOE_First_Test	AOE_Employed_in_Healthcare	AOE_CDC_Symptomatic	AOE_Hospitalized	AOE_In_ICU	AOE_In_Care	AOE_Pregnant
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AOE_First_Test - Question: Is this the first test (of any kind) the patient has had for COVID-19? Answer: **Y** for Yes, **N** for No. **U** for Unknown.

AOE_Employed_in_Healthcare - Question: Is the patient employed in healthcare with direct patient contact? Answer: **Y** for Yes, **N** for No. **U** for Unknown.

AOE_CDC_Symptomatic - Question: Is the patient symptomatic based on the CDC list of symptoms: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea. Answer: **Y** for Yes, **N** for No. **U** for Unknown.

AOE_Hospitalized - Question: Is the patient or was the patient hospitalized for COVID-19? Answer: **Y** for Yes, **N** for No. **U** for Unknown.

AOE_In_ICU - Question: Is the patient or was the patient in the ICU for COVID-19? Answer: **Y** for Yes, **N** for No. **U** for Unknown.

AOE_In_Care - Question: Is the patient a resident in a congregate care living setting? Answer: **Y** for Yes, **N** for No. **U** for Unknown. E.g. nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care

AOE_Pregnant - Question: Is the patient pregnant? Answer: **Pregnant**, **Not Pregnant**, **Unknown**

Hospitalization Questions – If the patient was hospitalized, **Hospitals reporting should complete the following fields.**

Please **DO NOT REMOVE** these columns from your spreadsheet – send the spreadsheet with these fields blank if you are not entering the answers.

Patient_Visit_Type	Hosp_Admission_Date	Hosp_Discharge_Date
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Patient_Visit_Type - Enter the patient visit type. From the drop down, select **I** for Inpatient, **O** for Outpatient, **B** for Observation and **U** for Unknown.

Hosp_Admission_Date - Enter the date the patient was admitted to the hospital. Format **MM/DD/YYYY**. (i.e. 9/3/2010, 12/12/2020).

Hosp_Discharge_Date - Enter the date the patient was discharged from the hospital. Format **MM/DD/YYYY**. (i.e. 9/3/2010, 12/12/2020).